

# A CENTURY OF PROGRESS IN MEDICAL WORK AMONG THE ZULUS

1835-1935





The front view of the McCord Zulu Hospital, Durban, Natal, situated on the top of the Berea. It enjoys a beoutiful view of the city ond the boy.

# A CENTURY OF PROGRESS IN MEDICAL WORK AMONG THE ZULUS

THE EVOLUTION  
OF THE McCORD  
ZULU HOSPITAL

## FOREWORD.

By HAROLD WODSON, Esq., Editor "Natal Advertiser."

It is one hundred years since Dr. Adams, of the American Board of Missions, came to Natal bringing healing in his touch to white and black alike. It is well that we recall the fact in this centenary year we who pride ourselves on the British ancestry of this part of South Africa and hug to ourselves the belief that the white man's burden is one for which we have been specially set apart. An American, the representative of an American missionary organisation, Dr. Adams was the first man to bring to Natal—a land then primitive and half-barbaric—the twin gifts of surgery and medicine; and if the old days could be retold how many a lustrous page would be bright with the chronicles of healing and succour he wrote across it in those distant years?

To-day the white man in Natal has doctors and surgeons in abundance. But the black man still recalls with gratitude what Dr. Adams did for his people, and what Adams' successors are still doing for him and his. This brochure will tell what grew from the study and self-denying toils of this early missioner from far-away America. To-day the McCord Zulu Hospital is an institution to be seen and admired by all men who understand the part that the great art of healing plays in winning the faith of the black man in the ways of the white. Dr. Adams had great successors: Dr. Bridgman, Dr. McCord, Dr. Alan Taylor. They have not only carried the torch handed on by the noble beginner of their toils, they have seen it burn brightly; have seen the three-roomed cottage with wattle and daub walls and thatch roof where Dr. Bridgman worked, give place to a hospital where more than a hundred beds house during the year thousands of Zulu sufferers, and where native nurses are trained to a degree of skill equal to that possessed by their European sisters.

But now there is threatened a hiatus. After one hundred years of glorious achievement, the American Mission has had to hand ~~this splendid monument to its toil over to South Africa~~ over the finance of this splendid institution to a board of managers in South Africa.

# THE EVOLUTION OF THE THE McCORD ZULU HOSPITAL



The Zulu family physician.

For hundreds of years the Zulus believed that disease was the result of the malign influence of evil-minded spirits and was brought about by charms and potions administered to them by their enemies. This belief, unfortunately, still holds good to-day with a vast number of these fine people, and against this background of suspicion and fear the Witch Doctor plies his trade of family physician—expert in witchcraft and magic.

The Zulu witch doctor of to-day is much the same as he was a hundred years ago. His function is to smell out the enemy who administered the magic potion or charm that caused the disease—and woe betide the unfortunate man so smelled out.

The treatment of the patient is carried on largely by means of witchcraft, the "doctor" using a multitude of in-

gredients for making his various magic charms.

Into this atmosphere of witchcraft and fear, just one hundred years ago, came Dr. Adams, of the American Board of Missions. He was the first white doctor in the Colony of Natal. Without a clinical thermometer or aspirin, he practised medicine for sixteen years amongst both the Zulus and the white colonists. All this, of course, was before the days of

anaesthetics and antiseptics, and tradition tells us that he was a bold and successful surgeon.

And so the work of the American Board Mission was started in Natal.

Forty years after the death of that fearless pioneer, Dr. Adams, Dr. Burt Bridgman was sent out to carry on the work, and he inaugurated the medical work of the American Board Mission on its present lines.

Dr. Bridgman met with tremendous difficulties in the work he had set himself, his greatest being, perhaps, the want of proper appliances. In spite of innumerable handicaps, however, the work went on. His first hospital was a three-room thatched cottage with a dirt floor and wattle and daub walls. Yet in this mean and ill-equipped cottage much good work was done.



Dr. and Mrs. James B. McCord.

In 1899 the mantle so ably worn by Dr. Bridgman fell on Dr. McCord and he in his turn has lived up to the fine tradition of those who went before him.

Five years after Dr. McCord took over the work, in which he has been so ably assisted by his wife, he transferred the medical department of the Mission to Durban, and so widened and improved its sphere of influence.

His first hospital in Durban consisted of a four-room cottage, where all sorts of makeshift arrangements were made to carry on the work. Accommodation was at a premium, and the patients slept on the floor in their own blankets. Not only did the patients have to provide their own bedding, but they brought their own food, and their friends had to act as cooks and nurses. Many were the difficulties that were met with and overcome in those early days of the first four-room hospital when Dr. McCord first came to Durban.

Before he was settled in the new hospital his first maternity case came and occupied the coal shed. The first major operation which he performed was done on his back verandah.

After five years of hard work in that four-room cottage a real hospital was opened in which to carry on the work. Imagine the joy experienced by Dr. McCord when in 1909 he was able to move into his new hospital—a real hospital with real beds for his patients to sleep on and real nurses to help him take care of them.

When the "McCord Zulu Hospital," as it is now named, was first opened at No. 28 McCord Road, Overport, McCord Road was but a country lane outside the town of Durban. Now, however, the town (and the hospital) have grown and it is a well hardened road within the City of Durban and is but a minute's walk from the tram service.

With the growth of the work came the pressing need for assistance, so in 1921 Dr. and Mrs. McCord were joined by Dr. and Mrs. Taylor.

Dr. Taylor at once took over the direct administration of the hospital, and in his capable hands the hospital has continued to increase in size, accommodation and influence.

If you will glance back to the first page you will get an idea of what the hospital looks like. The picture has been taken from a corner and shows the front and a portion of one side.

On the next page we illustrate a rear view of the new wing of the hospital. This wing contains a men's ward, a nurses' common room and on the top floor the nurses' dormitory. From this wing there is a fine view of the City of Durban, together with the bay and shipping. The Bluff, with its beautiful green bush, and the Indian Ocean completes the picture.

In addition to the ward accommodation much use is made of the spacious verandahs and balconies. The main front verandah is at present used for male tubercular patients, whilst the balcony above it is used for maternity cases. There is a further separate balcony devoted to the female tubercular patients.

Here are a few facts which may interest you.

The capacity of the hospital is 120 patients. There have been emergencies when some of the patients have been put on the floor, in fact, many appear to prefer the floor—to them it seems safer.

During the past year accommodation was provided for 2,736 patients, of which 350 were children and 2,386 adults. One hundred and ninety-nine babies were born in the hospital, and altogether 96 T.B. cases were treated as "in-patients."



Dr. and Mrs. Alan B. Taylor.



A rear view of the new wing of the Hospital. It contains a men's ward, a nurses' common room and, on the first floor, a nurses' dormitory.

In the surgical section 53 major operations and 225 minor operations were done during the year.

The charges for ordinary patients are half-a-crown a day—less for children. Maternity cases are charged two pounds

for an ordinary confinement—covering ten days in hospital. Operations are charged one to three pounds in addition to the ordinary charges.

The reader may ask why a charge is made at all. Unless it is remembered that apart from Government and Provincial grants, which amount to about £1,500 annually, and the financial assistance which may be given by interested friends both in America and



The best ward in the hospital—the front balcony.

in South Africa, the Institution has no source of revenue other than the fees collected from patients.

It is a striking fact that the Zulu is not happy unless he is paying for his medical attention. Superstition and tradition have impressed it indelibly on his mind that unless he pays, there will be no cure. His "native doctor" first asks, "How much have you with which to open my bag?" He therefore expects to pay and it is surely a good thing to encourage this belief, for to give him all his wants without charge simply tends to pauperise him.

There are, however, cases where the payment of the full fee becomes a burden, and a large amount of free or additional medical care is given without charge.

The service given by the McCord Hospital covers every phase of medical need, including Surgical, Medical and Maternity sections, together with up-to-date Laboratory and X-Ray Departments, while the children's wards and the district midwives provide a service of uncalculable value to the natives of our town and district.

## SURGERY.

Fifteen years ago natives were afraid of operations, now they come seeking to be "skinned." The Zulu name for operation is "skinned."

All the old fear and superstition surrounding the thought of operations is disappearing. Unlike the European, the native is not troubled with diseases of the appendix, gall-bladder or stomach, but specialises in abscesses of the liver and cracked skulls. Women frequently require operations to repair the injuries sustained in childbirth, the result of bad nursing.

Freed from the thought of witchcraft, the native is an excellent surgical



This verandah and balcony are the latest addition to the Hospital.

patient, and makes astonishing recoveries. One native who had had a large piece of bone taken from the head one evening was found the following morning in the yard showing the bone to his admiring friends.

## MEDICINE.

What causes sicknesses, aside from poisoning? To the native mind disease is the result of evil influence: one is either poisoned or bewitched. Gradually the use of European medicine is shaking the hold of superstition. The majority of patients admitted to the hospital come for medical treatment. During times of epidemics whole communities may move in for treatment. The "great trek" in hospital history occurred in 1932, when 400 patients from



Nurse midwives with their bonny charges.

the Upper Umvoti Valley, near Greytown, were admitted in one month. Thirteen patients in one sedan car: five of them so ill as to require removal on stretchers, constituted a record.

T.B. is rife among natives in many areas. It is almost universally fatal. Europeans have come to realise that the solution of T.B. in the European communities lies in tackling the disease among the Abantu. Eighteen of our hospital beds are constantly filled with patients suffering from this insidious disease, and during the year the total number treated was 96.

Owing to superstition and fear the Zulu is not as good a medical as a surgical patient.

#### MIDWIFERY.

Herein is one of the reasons for the popularity of the hospital, babies that live—lots of them.

Among the many popular fallacies regarding midwifery, no greater exists than that native women, true daughters of nature, have easy confinements. A

linger for days in pain, in the end they die or recover to live as cripples. One woman from Makowe, a mission station 220 miles away in Zululand, comes regularly to hospital for her confinements. Try and persuade her that such trouble and expense is unnecessary and she will tell you how her first two babies were born without medical aid. Approximately 300 maternity cases are treated yearly as inpatients and 200 as district cases.

#### CHILDREN'S WARD.

Native women love their babies, yet they part with them willingly if they believe in a hospital. Wee babies are cared for in small wards above the Maternity Department. In most part they suffer from bowel trouble. The mortality among native babies reared under slum conditions is very high.

#### LABORATORY AND X-RAY DEPARTMENT.

Modern practice of medicine depends largely on the use of X-Rays and labo-

ratory examinations, in confirming the diagnosis of disease.

In the native's mind only one thing is more wonderful than the removal of a large abdominal tumour, that of seeing bone, needles, etc., through their own flesh in the X-Ray room. The chorus of Oh's and Ah's when pins and buttons and such like appear on the fluoroscopic screen gives evidence to the increased prestige of European practice.

A well equipped laboratory makes work in the hospital a joy and delight. Here with one or two exceptions all necessary examinations can be made.

#### DISTRICT MIDWIFERY.

The South African Medical Council in 1930 decreed that a certain proportion of midwifery cases required for training should be cared for in their



Here we introduce District Midwives Ethel Setaba & Susan Setaba.



The work of the hospital comes under the direct supervision of the staff of four European nurses and one native nurse. Here they are: From left to right in front: Sister Ollis, Sister Cooper and Sister Burgess. At the back are Sister Bell and Sister Linda.

own homes. Thus originated the hospital district midwifery service. For months the district midwife waited for her first case—the native takes a long time to make up her mind. Now it is not an uncommon thing for the midwife to see six or eight cases a day. The average native mother should really be cared for in hospital, coming, as she does, from a home so totally unsuited for medical attention. Economic and social conditions necessitate the district midwifery service, for who is to look after three or four children at home while the mother is in hospital? The City of Durban recognises the value of this phase of the hospital's activities by granting a subsidy which allows of the employment of two district midwives.

All this work of the hospital is under the direct supervision of the staff of four European nurses and one native nurse.

Sister Cooper acts as matron and Sister Ollis as general nurse, Sister Burgess is our maternity nurse, and Sister Bell the sister tutor. Sister Bell devotes practically her whole time to the teaching of the classes of probationer nurses. Sister Linda is in entire charge of the hospital at night.

Probably the most important and far-reaching function of the hospital is the training of the native nurses and midwives. Those now in training number thirty, and are a fine looking set of girls.

## TRAINING SCHOOLS FOR NURSES AND MIDWIVES.

Of great importance is this work. Every one of the four Government Commissions, appointed to investigate the health needs of the Bantu, has stressed the necessity for training nurses and midwives. Until now, only mission institutions (with one exception, that of

the Bantu Hospital at Umtata) have moved in the direction of giving complete training, as required to enable graduates to sit for the examination of the South African Medical Council.

As the second Training School for native nurses in South Africa, and the first Training School for native midwives, the Mission Nursing Home is doing pioneer work in a great field.

Prior to 1930 there were very few successes as trained nurses and midwives among the graduates of the Institution, but since 1930, of the nine nurses sent up for their final examination, all have obtained registration. Of 39 midwives sent up for the examination only one failed to satisfy the examiners and thus get on the register. Not a bad record when the language handicap is considered.

Twenty-one nursing and nine midwife probationers, and one full time European sister-tutor, with the assistance of three other sisters and two doctors, make up the training school. In general, one may say that it is much more difficult for native women to grasp the theoretical side of nursing than it is for European women. The fact remains, however, that it can be done, and the result is good. A fully trained native nurse-midwife has complete charge of the hospital from 7 p.m. to 6 a.m. Numerous reports from superintendents of native hospitals and native locations show the value of women thus trained.

All class work is given in the English medium, as the minimum of education for the general nurses is Standard IX. or its equivalent. Although the result desired is seldom achieved, it is the aim of the training school to send out native nurses better qualified than graduates of European training schools. For years to come native nurses will be



The hospital staff occupies the second row. From left to right are: Sister Ollis, Sister Cooper, Dr. Taylor, Dr. Robertson, Dr. McCord, Sister Burgess, Sister Bell, Miss Lawrie (Secretary), Sister Linda.

compelled to work with less assistance from doctors, because of the isolated location of their work. Their responsibilities, therefore, demand a wide and thorough knowledge.

This is a great field of service and one which must appeal to our readers as worthy of their practical support.

#### **HOSPITAL ADVISORY BOARD.**

In 1933 the depression in America was felt for the first time by the Medical Department of the Mission. The salary of the matron, for which the American Board has always been responsible, was dropped, and within a year the salaries of both Dr. McCord

and Dr. Taylor, of necessity, were also withdrawn. In this time of stress the hospital management felt the need of assistance mental and financial. The future was foreseen when the responsibility for this work would pass from America to South Africa, from the Mission Board members to the friends of the Zulu nation. One by one representative citizens of Durban were approached and asked to serve on an Advisory Board for the hospital. Without exception, every man so approached gave his undertaking to support the work in any way possible. This Board keeps in touch with all the affairs of the hospital; advises the superintendent

on all matters of major importance, and represents public opinion to the hospital, and the needs of the work to the public. It is, in fact, a guarantee that the Institution is economically financed.

The Board is made up as follows:—

Messrs. Wallis Dyer, M.E.C.  
(Chairman),  
H. A. Thorpe,  
D. G. Shepstone,  
L. Okell,  
Albert Baumann,  
J. T. Cooper,  
Leif Egeland, M.P.,  
Alec Eaton, M.P.,  
J. L. Farrell, M.P.C.  
(Vice-Chairman),  
W. J. Williams,  
Harold Wodson,  
John Roberts,  
W. P. Bawden, M.P.C..  
Drs. O. H. Lubke,  
W. J. May,  
Duncan McKenzie,  
Edgar Brookes,  
J. B. McCord,  
Alan B. Taylor (Secretary).

## CENTENARY FUND.

There is a growing recognition in South Africa of the debt owing to the native people by the European for the prosperity which he enjoys.. There is a growing interest in native welfare, and a growing desire to express this feeling

of gratitude and this kindly interest in some tangible way. To those so disposed there are not many avenues open. It is not possible to express one's appreciation of the long years of faithful service rendered by a long line of servants, except through an organisation seeking the welfare of the race. Appreciating to the full the work of the McCord Zulu Hospital, the members of the Advisory Board feel that the Centenary year is a fitting time to ask the Durban public to share in the great work for the natives of this country. That the needs are many and the work of outstanding importance cannot be questioned, but if the foundations laid 100 years ago and so well maintained during that period are to be extended and the work progress, it is essential that apart from the ordinary maintenance requirements a fund be instituted to provide for capital needs. Sooner or later more accommodation will be required, and it is to provide the necessary funds to meet this expenditure that the Board has decided to inaugurate the "Hospital Centenary Fund." The year 1935 marks the 100th anniversary of the commencement of our work, and what could be more fitting than a bequest or annual subscription to mark **your** interest in the work? You would feel that **you** at least were doing something to make the lot of others easier. Will you help?

Whatever you intend to subscribe (and we feel sure that after reading this record you are going to be a subscriber), should be sent to:—

The Treasurer,  
McCord Zulu Hospital,  
28 McCord Road,  
Durban, Natal.

Telephone 5188.



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